

Division of Corporations

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PLEASE ARRANGE FILING OF THE ATTACHED CERTIFICATE OF LIMITED PARTNERSHIP AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

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215 NORTH EOLA DRIVE
ORLANDO, FLORIDA 32801

450 SOUTH ORANGE AVENUE, SUITE 800
ORLANDO, FLORIDA 32801

POST OFFICE BOX 2809, ORLANDO, FLORIDA 32802-2809
TEL.: 407-843-4600 / FAX.: 407-843-4444
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CERTIFICATE OF LIMITED PARTNERSHIP
OF
AG VINELAND, LLLP

The undersigned, hereby makes and files with the Secretary of State of the State of Florida, this Certificate of Limited Partnership for the purpose of forming a limited liability limited partnership in accordance with the Florida Revised Uniform Limited Partnership Act (2005).

1. **Name.** The name of the limited liability limited partnership is AG VINELAND, LLLP (the "Partnership").

2. **Initial Designated Office.** The street and mailing address of the initial designated office of the Partnership is 5200 Vineland Road, Suite 200, Orlando, Florida 32811.

3. **Registered Agent.** The name of the Partnership's initial registered agent is Suresh K. Gupta and his street address is 5200 Vineland Road, Suite 200, Orlando, Florida 32811.

4. **Names and Business Address of the General Partners.** The names of the general partners of the Partnership are Suresh K. Gupta and Avanish M. Aggarwal. The business address of the general partners of the Partnership is 5200 Vineland Road, Suite 200, Orlando, Florida 32811.

5. **Limited Liability Limited Partnership.** The Partnership is a limited liability limited partnership.

IN WITNESS WHEREOF, the undersigned general partners of the Partnership have executed this Certificate of Limited Partnership this 14th day of May, 2007.


Suresh K. Gupta, General Partner


Avanish M. Aggarwal, General Partner

ACCEPTANCE OF REGISTERED AGENT

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Suresh K. Gupta, Registered Agent